PTO/SB/01 (08-03)

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TLR-5157 US

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Attorney Docket Number

DECLARATION FOR UTILITY OR

DECLARATION	SIGN		First Named Inve		Incl Chan	lea la lei	
PATENT AF		N	Joel Checkalski COMPLETE IF KNOWN				
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(0.0)		L		1	Unknown		
X Declaration	Declarat	ion	Filing Date	. 1	Herewith		
Submitted OR With Initial		ed after Initial	Art Unit				
Filing	(37 CFR required	R 1.16 (e))	Examiner Name	,			
I hereby declare that:						,	
Each inventor's residence, ma	iling address, a	nd citizenship are a	s stated below	next to their	name.		
I believe the inventor(s) named which a patent is sought on the			nventor(s) of th	ne subject ma	atter which is cla	nimed and for	
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Concentric Two-	€ ompartme	⊃nt Drinki'n	n Vessel	• 1			
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the specification of which		(Title of the	nvention)		•		
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X is attached hereto		· · · · · · · · · · · · · · · · · · ·		•	-	. •	
OR	·		•		•		
was filed on (MM/DD/Y	YYY)	•	as United S	tates Applica	ation Number or	PCT International	
	· · ·		*. 1			¬	
Application Number	,	and was amended	i on (MM/DD/Y	YYY)	· .	(if applicable).	
I hereby state that I have revie amended by any amendment			of the above id	entified spec	ification, includir	ng the claims, as	
I acknowledge the duty to dis	sclose informat	tion which is mater	ial to patentat	oility as defin	ned in 37 CFR	1.56, including for	
continuation-in-part application and the national or PCT international continuation.					filing date of the	ne prior application	
I hereby claim foreign priority					y foreign applic	ation(s) for patent.	
inventor's or plant breeder's ri	ghts certificate	(s), or 365(a) of an	y PCT internati	ional applica	tion which desig	nated at least one	
country other than the United application for patent, inventor							
before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing (MM/DD/YY		Priority Not Claime		d Copy Attached? Yes No	
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None		1.		一		Fi I	
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

									
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19371 55th	Avenue				•	·	<u>-</u>		
City				State)			ZIP	
Chippewa F	alls		-	WI				54729	
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USA 715-720							-237	3	
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardiz	e true; and fur de are punishal	ther that ble by fine	these state or imprise	ement onmen	s were t, or bo	made with th, under 18	the kno	wledge that willful false	
NAME OF SOLE OR FIRST IN	VENTOR:		An	etition	has be	en filed for thi	s unsián	ned inventor.	
Given Name				etition has been filed for this unsigned inventor Family Name			ica inventor		
(first and middle [if any])				or Surname					
	Joel					°C	heck	alski	
Inventor's								Date	
Signature for Challe	Mh.					i ·		11-14-03	
Residence: City	State		·	Cour	itry		Citizen	nship	
Weyerhaeuser	Wisco	nsin		1	ISA		<u></u>	USA	
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3725 Cranb		<u>Road</u>							
City	State			ZIP			Country		
Weyerhaeuser	WI			54895		USA			
NAME OF SECOND INVENTO	R:				A pe	tition has bee	en filed fo	or this unsigned inventor	
Given Name					Fa	mily Name			
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	First Named Inventor	Joel Checkalski
	Title	Concentric Two-Compartment
	Art Unit	
INDICATION FORM	Examiner Name	1135-5157 BS
	Attorney Docket Number	TLR-5157 US

I hereby appoint:								
Practitioners associated wit	h the Customer Number:			-				
OR			·					
X Practitioner(s) named below	w:							
	Name	Reç	sistration Number					
Tipton L.	Tipton L. Randall		32,626					
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I am the: X Applicant/Inventor.	the entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/S	B/96)						
ţ	SIGNATURE of Applic	ant or Assignee of Reco	rd					
Name Joel Cb	eckalski							
Signature Ind lands	hul	 TT	elephone 7/5-720-	1969				
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NOTE: Signatures of all the inventor forms if more than one signature is	ors or assignees of record of the entire inter required, see below*.	est or their representative(s) a	re required. Submit multiple					
	forms are submitted.		retain a henefit by the public which	is to file (and by the				

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